



maryland  
**health services**  
cost review commission

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## Hospital at Home Background for MHCC Commissioners

# Hospital at Home JCR Request

The 2021 Joint Chairmen's Report (JCR) directed HSCRC and MHCC, in consultation with the Office of Health Care Quality and Maryland Medicaid, to analyze the potential of broadening the use of hospital at home in the State of Maryland. Specifically, the Committees requested that the Commissions report on:

- The efficacy of the Hospital at Home model and how this model fits into the Maryland Total Cost of Care Model;
- Barriers in existing State law and regulations that currently exist to prevent the broadening of the model;
- Cost implications to public and private payers; and
- If the commissions think the model should be more broadly implemented, recommendations on how to do so.

# Hospital at Home Model – Overview

- Hospital at Home provides hospital-level acute care in a patient's home as a full substitute for acute hospital care.
- Patients are admitted to a Hospital at Home program based on a set of medical and non-medical inclusion and exclusion criteria.
  - Medical criteria include a set of allowed and disallowed diagnoses which are determined to be safe for patients who receive care through this model.
  - Non-medical criteria include an evaluation of the patient's home to make sure care can safely be delivered in the home (such as working plumbing and electricity).
- The programs can be categorized into two models:
  - 1) Substitution/ admission avoidance, where Hospital at Home is used as a full substitute for acute hospital admission; and
  - 2) Transfer/reduced length of hospital stay/early discharge, where patients with an inpatient hospital admission are transferred to complete their hospital care at home.
- In contrast to other home-based services, hospital at home provides acute hospital services in a patient's home, rather than providing sub-acute / post-acute services.
- Hospital at home requires an interprofessional team with doctors and/or nurses visiting at least daily.

# Hospital at Home Model – History and Outcomes

- The Hospital at Home concept was originally developed in the United States by researchers at the Johns Hopkins Schools of Medicine and Public Health.
- According to Hopkins, Hospital at Home patients experience better clinical and functional outcomes, better patient and family satisfaction, and less caregiver stress.
- Data also shows that hospital at home programs may save 19%-30% compared to traditional inpatient hospital care.
- Hopkins has supported Hospital at Home® programs in hospitals in at least 10 states.
- There are other programs that provide acute hospital care at home. Payers such as BlueCross BlueShield, Cigna, and Kaiser Permanente have invested in independent vendors that provide similar programs.

# CMS Flexibility during the COVID-19 Pandemic

- During the pandemic, CMS approved hospitals in 30 states to run a similar program for Medicare, the Acute Hospital Care at Home Program.
- Medicare's Hospital Conditions of Participation normally require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient. Hospitals that were approved to participate in this program received a waiver of these two requirements for the program.
- Hospitals in this program are paid, on a fee-for-service basis, for services provided in the home at the same rate that hospitals would be paid for the services if they were provided to an inpatient.
- CMS's program clearly differentiates Acute Hospital Care at Home from more traditional home health services.
- Hospital applicants must use a published set of patient selection criteria.